

Addressing Trauma: A Key to Recovery and to Systems Transformation

Andrea K. Blanch, PhD
Director, SAMHSA's Center on Women, Violence and Trauma

Goals for Change: Recovery and Transformation

The *President's New Freedom Commission Report*¹ sets two bold new goals for the mental health system: **recovery** for all individuals served, and **transformation** for our service systems. Both goals aim high, but both goals are within our reach.

In the past ten years, the concept of recovery has revolutionized the mental health field, giving new hope to people diagnosed with mental illnesses once considered “chronic.”² The vision of recovery has swept through the mental health field like wildfire, in part because it represents such a fundamental shift in beliefs and attitudes – a shift from hopelessness to hope, from consumer passivity to consumer voice, from custodial care to individualized planning and goals.³

Transformation of our systems of care can be achieved only by an equally bold and sweeping vision. Transformation is not about incremental change, or about doing more or doing it faster or even doing it better. Transformation implies a revolution in our fundamental viewpoint, a change in the very essence of what we believe and what we do.⁴ Transformation is likely to require new values, new laws, new outcome measures, and new financing mechanisms. It may require that people be retrained or replaced. As A. Kathryn Power, the Director of the *Center for Mental Health Services, Substance Abuse and Mental Health Services Administration* points out, “It is not accomplished through change on the margin but instead, through profound changes at the core.”⁵

Transformation of mental health systems is possible today largely because people who have received a psychiatric diagnosis and who have participated, willingly or unwillingly, in our current system of care, are demanding change. Many mental health consumers have experienced trauma in their lives, and their voices are joined by a growing number of trauma survivors who aren't currently using mental health services. In a national research study on mental health recovery conducted by consumer/survivor researchers, the experience of trauma and abuse was “notable across the focus groups,” and included

¹ U.S. Government Printing Office. (2003) *Achieving the Promise: Transforming Mental Health Care in America*.

² Power, K.A and Manderscheid, R.W. (2005) *Federal Perspective: Recovery, Now!*

³ Anthony, W.A. (2005) *Overcoming obstacles to recovery-oriented systems: The necessity for state-level leadership*.

⁴ Merrill, S.B. (2005) *Transformation. A Strategy for Reform of Organizations and Systems*. Educational Services, Inc.

⁵ Power, A.K. (2004) *Achieving the promise of transformation: New freedom, new power, new hope*. Videotaped presentation, September 30, 2004.

both historical trauma of past abuse and repeated retraumatization by the system.⁶ The authors of this seminal study go on to note that the formal service system largely overlooks the ways in which “trauma is a central experience of psychiatric disorder,” and “fails to incorporate trauma knowledge in existing explanations of and responses to mental illness.” Other groups of consumers and survivors have also noted that principles of a trauma-informed approach are essential for creating a recovery-oriented system of care, including “do no harm,” “a system based on trust,” and “partnership between consumer and provider.”⁷

It has often been noted that that visionary leadership is necessary to guide transformation.^{3,4} Transformation also requires that all parts of the system are brought into alignment - financing, politics, system structure, etc – and it requires an ongoing commitment to changing the culture of organizations and systems.⁸ Effective transformation rests on the “organizational Velcro” of values,³ and on the creation of new images, new language, new stories, new metaphors, and new mechanisms for communication. In addition, effective transformation efforts must resonate with the public, and they must be broad and encompassing. Recovery is for everyone, not just a sub-set of our clients. No one need be left behind.

Trauma: A Transformative Framework

Recognizing and addressing the role of trauma in the lives of people served by the mental health system provides a framework that makes effective transformation possible. The “trauma paradigm”:

- Provides a radically different worldview and conceptual framework for understanding the experience, symptoms and behaviors of the people we serve
- Is based on a clear set of values to guide the development of “trauma-informed” services
- Is directly relevant to *all* parts of the mental health and human service systems.
- Can help to resolve some of the most difficult and intractable problems in a wide variety of mental health and human service settings
- Is relevant to all people who have ever experienced the consequences of violence or trauma in any form, and is particularly helpful for those who have experienced more severe forms of trauma
- Provides concrete, tested tools - training programs, outcome measures, assessment instruments, clinical strategies, etc.
- Develops new organizational and staff capacities that are fundamentally different from previous ways of doing business, based on new clinical formulations that provide new tools for caregivers and support new partnerships between providers and consumers

⁶ Onken, S.J., Dumont, J.M., Ridgway, P., et al (2002) *Mental Health Recovery: What Helps and What Hinders*. NASMHPD.

⁷ *Infusing Recovery-Based Principles into Mental Health Services* (2004) A white paper by people who are New York State consumers, survivors, patients and ex-patients.

^{3,4} Ibid.

⁸ Mazade, N. (2005) *Concepts of “transformation”*. NASMHPD Research Institute.

³ Ibid.

- Can provide effective help to people who have not responded to other treatments, often over a prolonged period of time, at extremely high personal and financial cost
- Resonates deeply with a public traumatized by terrorism and increasingly aware of the effects of PTSD and other trauma-induced conditions on veterans, political refugees, and people who have experienced war and natural disasters
- Addresses the most fundamental maxim and operating principle of medical and human services in general: “Do no harm.”
- Promotes empathy, the cornerstone of effective treatment and helping services, by understanding the person as one who has been hurt, rather than one who is defective and different.
- Can impact positively on primary prevention and early intervention efforts.

Readiness for Trauma-Informed Transformation

Transformation efforts are more likely to be successful when environmental conditions are favorable for change. Important factors include a science base, a critical mass of support from key constituents, and leadership from key stakeholder groups. These environmental conditions, reviewed below, suggest that the mental health system is currently ready to adopt trauma-informed transformation.

States vary widely in the degree to which they have begun to address these issues, as well as in their specific approaches. States in which **SAMHSA**-sponsored women and violence sites were located have had over six years of experience in developing and implementing integrated mental health and substance abuse services highlighting the centrality of trauma. Other states, propelled by local circumstances, history or leadership, have developed trauma-informed service systems, forged alliances with domestic violence networks, developed trauma-sensitive services in their criminal or juvenile justice systems, focused on children whose abuse histories require complex clinical interventions, or adopted a number of different approaches. Some states have gone far in implementing a trauma approach throughout their systems, others have barely begun. An increasing number of states are currently working to introduce trauma somewhere in their systems, and many are striving to meet the criteria for trauma-informed mental health service systems adopted at a **NASMHPD** (National Association of State Mental Health Program Directors) national experts’ meeting on trauma.⁹

The Science Base. Research over the past ten years has made it overwhelmingly clear that a large percentage of adults and children in our human service systems have experienced severe trauma at some point in their lives.¹⁰ Studies have also shown that violence and trauma can cause neurological damage, lead to the adoption of health risk behaviors, and result in a wide variety of health and behavioral health problems.¹¹ The chart included at the end of this document illustrates graphically how unaddressed traumatic early childhood events can have a significant impact over the lifespan, increasing demands on all human services and costing billions of dollars annually in both health care and human services.

⁹ NASMHPD (2004) *Blueprint for Action: Building Trauma-Informed Mental Health Service Systems: State Accomplishments, Activities and Resources*.

¹⁰ Jennings, A. (2004) *The Damaging Consequences of Violence and Trauma*. NASMHPD.

¹¹ See www.ACStudy.org

At the same time that our understanding about the scope of the problem and about possible causal pathways for trauma-related syndromes has grown, new trauma-based services and interventions have also been developed and tested.¹² The **SAMHSA**-funded nine-site ***Women, Co-Occurring Disorders and Violence Study*** demonstrated the effectiveness of integrated mental health and substance abuse services that maintain a central focus on trauma and involve persons with lived experience, giving us both a theoretical basis for change and concrete, proven tools for intervening.^{13, 14} Research evidence is also accumulating about the effectiveness of trauma-based treatment on substance abuse recovery.¹⁵ The growing science base regarding trauma is important as state legislators increasingly push for accountability and outcomes.

The Voice of Constituents. For many people, trauma-informed services address - sometimes for the first time - the problem ***underlying*** their symptoms. This can be critical for recovery. In addition, inquiring about, recognizing and acknowledging trauma gives people an opportunity to talk about “what happened to them” rather than “what’s wrong with them” – immediately making it possible for healing to begin.¹⁶ Adopting a trauma-informed approach also leads to a culture of respect for all parties – including staff as well as consumers – and can therefore help to create safer and more therapeutic environments.¹⁷ Addressing trauma has in fact been an integral part of the very successful national effort across to reduce the use of seclusion and restraint, and has also been transformative in criminal justice settings. Because it affects everyone, a chorus of voices is rising in support of the trauma paradigm, including consumers, other people with lived experience of trauma, and staff from across the spectrum of human services.¹⁸

Leadership from Key Stakeholder Groups. In January, 2005, the membership of **NASMHPD** unanimously passed a revised position statement on trauma, acknowledging trauma as “pervasive, highly disabling and largely ignored”, and pledging their support for “the implementation of trauma-informed systems and trauma-specific services in our mental health systems and settings.”¹⁹ The ***National Mental Health Association***, the ***National Crime Victim’s Center***, the ***GAINS Center for Evidence-Based Programs in the Justice System***, and the ***American Psychological Association’s Task Force on Serious Mental Illness***, among others, have recently embarked on trauma initiatives or embraced trauma as an important issue for their membership. ***The National Child Traumatic Stress Network*** has developed a broad national base of support for children

¹² Jennings, A. (2004) *Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services*, NASMHPD

¹³ Gold, S.N. (2004) The relevance of trauma to general clinical practice. *Psychotherapy: Theory, Research, Practice, Training*, 41(4), 363-373.

¹⁴ Newman, J.P. and Sallman, J. (2004) Women, trauma histories, and co-occurring disorders: Assessing the scope of the problem. *Social Services Review* (September).

¹⁵ National Trauma Consortium (2004) *Enhancing Substance Abuse Recovery through Integrated Trauma Treatment*. Prepared under contract with SAMHSA’s Center for Substance Abuse Treatment. See www.nationaltraumaconsortium.org

¹⁶ Herman, J. (1992) *Trauma and Recovery*. NY: Basic Books.

¹⁷ Bills, L.J. and Bloom, S. (1998) From chaos to sanctuary: Trauma-based treatment for women in a state hospital system. In B.L. Levin, A.K. Blanch and A. Jennings, Eds. *Women’s Mental Health Services: A Public Health Perspective*. Thousand Oaks, CA: Sage Publications.

¹⁸ Proceedings from *Dare to Act* conference (in preparation).

¹⁹ NASMHPD Position Statement on Services and Supports to Trauma Survivors. Passed unanimously by the NASMHPD membership on 1/3/2005.

exposed to trauma, and the ***Veteran's Administration***, facing increasing numbers of veterans returning from Iraq diagnosed with PTSD, is looking closely at treatment options. The issue of trauma has moved from the shadows into the forefront of public policy.

Conclusion

Trauma has been long a hidden problem, largely ignored by health and human services. Unaddressed trauma costs billions of dollars and untold human lives every year. The time is right to address this issue, and the SAMHSA Mental Health Systems Transformation grants provide an excellent opportunity.

The Center on Women, Violence and Trauma can provide assistance to states that are at the initial stages of developing trauma informed systems as well as those that are farther along in the process.

For further information, contact:

The Center on Women, Violence and Trauma

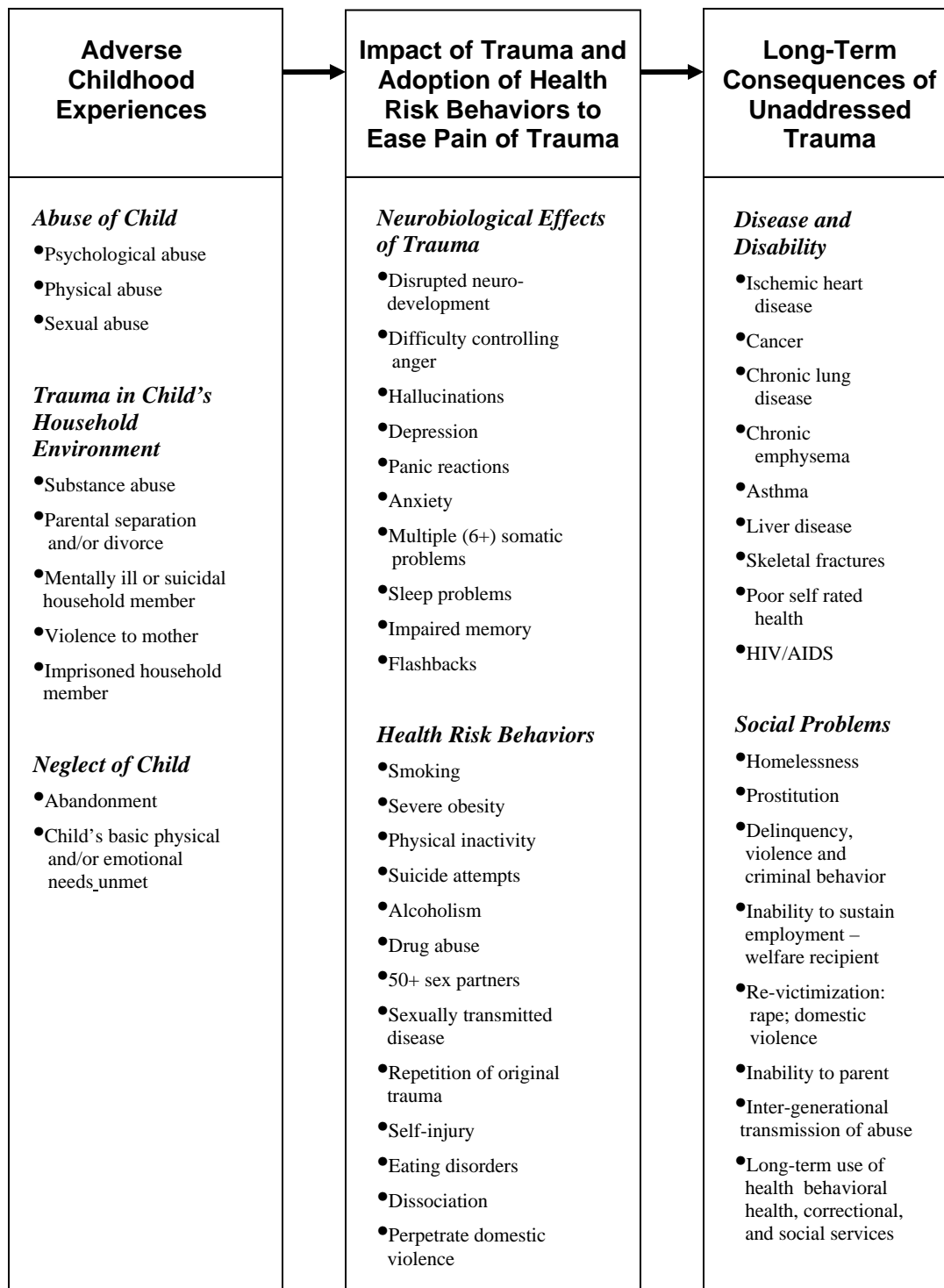
www.mentalhealth.org/cmhs/womenandtrauma

Women&TraumaCenterDirector@abtassoc.com

941-349-8213

Adverse Childhood Experiences and Health and Well-Being Over the Lifespan

This chart shows the sequence of events that unaddressed childhood abuse and other early traumatic experiences set in motion. Without intervention, adverse childhood events (ACEs) may result in long-term disease, disability, chronic social problems and early death. Importantly, intergenerational transmission that perpetuates ACEs will continue without implementation of interventions to interrupt the cycle.



Data supporting the above model can be found in the *Adverse Childhood Experiences Study* (Center for Disease Control and Kaiser Permanente, see www.ACEstudy.org) and *The Damaging Consequences of Violence and Trauma* (see www.NASMHPD.org). Chart created by Ann Jennings, PhD.